

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# M15986

**FILED**  
**Jun 28, 2005**  
**Secretary of State**

**Entity Name:** MIKE'S CIGARS DISTRIBUTORS, INC.

**Current Principal Place of Business:**

1030 KANE CONCOURSE  
BAY HARBOR, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

1030 KANE CONCOURSE  
BAY HARBOR, FL 33154

**New Mailing Address:**

**FEI Number:** 59-2536886

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VALDES FAULI CORPORATE SERVICES INC  
500 E BROWARD BLVD  
STE 1400  
FORT LAUDERDALE, FL 33394 US

**Name and Address of New Registered Agent:**

BORUCHIN, DIANA ESQ  
1024 KANE CONCOURSE  
BAY HARBOUR, FL 33154 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DIANA BORUCHIN

06/28/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: BORUCHIN, OSCAR,  
Address: 9999 COLLINS AVE., SUITE 6A  
City-St-Zip: BAL HARBOR, FL 33154

Title: TD ( ) Delete  
Name: BORUCHIN, ROSE,  
Address: 9999 COLLINS AVE., SUITE 6A  
City-St-Zip: BAL HARBOR, FL 33154

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CEO ( ) Change (X) Addition  
Name: BEN-ARIE, ODED,  
Address: 130 BISCAY DRIVE  
City-St-Zip: BAL HARBOUR, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ODED BEN-ARIE

CEO

06/28/2005

Electronic Signature of Signing Officer or Director

Date